

a.	Restraints in use	Y	N	RC	CF
b.	Protective devices in use				
c.	Adequate footwear				
d.	Bed side rails, Number_____				
e.	Floor dry?				

f.	Physical obstacles				
g.	Adequate personnel				
h.	Adequate lighting				
i.	Bed/wheelchair locked				
j.	Equipment failure				
k.	Bed alarm in use				
l.	Fall during transfer				
m.	Other				

12. What happened (with description of injury)?

13. Patient-specific care plan changes:

14. Facility post-fall actions